PTO/SB/21 (09-04 Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/523,866 Filing Date TRANSMITTAL September 15, 2005 First Named Inventor **FORM** Tataryan et al. Art Unit 1772 **Examiner Name** Ahmad, Nasser (to be used for all correspondence after initial filing) Attorney Docket Number 110-015.US (formerly AVERY-70396) Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund **Express Abandonment Request** CD. Number of CD(s) Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority Document(s) 1. Avery 4163 Product Sample Reply to Missing Parts/ 2. Check 3. Postcard Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Intellectual Property Law Office of Joel D. Voelzke Signature Printed name

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37,957

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	nsolidated Appropria		_ `_	Application Nu	mber	10/523,866		
FEE TRANSMITTAL For FY 2006  Applicant claims small entity status. See 37 CFR 1.27				Filing Date		September 15, 2005		
				First Named In	Inventor Anahit TATARY		N	
				Examiner Name Ah		Ahmad, Nasser		
				Art Unit 1772		1772	72	
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorney Docke	et No.	110-015.US ( AVERY-70396)		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-3504 Deposit Account Name: IP L/O Joel D. Voelzke								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
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FEE CALCULATIO	N (All the fees	below are due	upon fil	ing or may be	subjec	t to a surcharge.)	)	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
•	FILING F	EES		CH FEES	EXAN	INATION FEES		
Application Type	Fee (\$)	mall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200			
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)								
Each claim over				50	25			
Each independent claim over 3 (including Reissues)						200	100	
With the dependent elams							180	
Total Claims	Extra Clain	<u>s Fee (\$)</u> x	Fee -	Paid (\$)		Multiple Dej Fee (\$)	pendent Claims Fee Paid (\$)	
HP = highest number o						100,141	1001 ala (4)	
Indep. Claims	Extra Clain	_	<u>Fee</u>	Paid (\$)				
- 3 or HP HP = highest number of	independent claims	<b>X</b> paid for, if greater t	_ <del>=</del> han 3.	<del></del>				
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Shee	<u>ts</u> <u>Numbe</u> / 50 =	er of eaci	<u>n additional 50 c</u> _ (round <b>up</b> to a v	whole nu	<u>n thereof        Fee (</u> mber)    x	\$)	
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Information Disclosure Statement \$180.00								
Other (e.g., late 1	iling surcharge	Intormation Di	sclosure	Statement			\$180.00	
SUBMITTED BY								
Signature	pel V			Registration No. Attorney/Agent)	37,957	Telephone	e (310) 590-4525	
Jame (Print/Tyne) Isol	Vaolaka A					Date June	e 23, 2006	

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